



APPLICATION

SPECIAL USE PERMIT

SPECIAL USE PERMIT # _____

PROPERTY LOCATION: _____

TAX MAP REFERENCE: _____ **ZONE:** _____

APPLICANT:

Name: _____

Address: _____

PROPOSED USE: _____

THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 4-11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff and Commission Members to visit, inspect, and photograph the building premises, land etc., connected with the application.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404(D)(7) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Print Name of Applicant or Agent

Signature

Date

Mailing/Street Address

Telephone #

Fax #

City and State

Zip Code

Email address

PROPERTY OWNER'S AUTHORIZATION

As the property owner of _____, I hereby
(Property Address)
grant the applicant authorization to apply for the _____ use as
(use)
described in this application.

Name: _____ Phone: _____

Please Print

Address: _____ Email: _____

Signature: _____ Date: _____

- 1.** Floor Plan and Plot Plan. As a part of this application, the applicant is required to submit a floor plan and plot or site plan with the parking layout of the proposed use. The SUP application checklist lists the requirements of the floor and site plans. The Planning Director may waive requirements for plan submission upon receipt of a written request which adequately justifies a waiver.

☐ **Required floor plan and plot/site plan attached.**

☐ **Requesting a waiver. See attached written request.**

- 2.** The applicant is the *(check one)*:

☐ Owner

☐ Contract Purchaser

☐ Lessee or

☐ Other: _____ of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner of more than three percent.

OWNERSHIP AND DISCLOSURE STATEMENT

Use additional sheets if necessary

1. Applicant. State the name, address and percent of ownership of any person or entity owning an interest in the applicant, unless the entity is a corporation or partnership, in which case identify each owner of more than three percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

| Name | Address | Percent of Ownership |
|------|---------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |

2. Property. State the name, address and percent of ownership of any person or entity owning an interest in the property located at _____ (address), unless the entity is a corporation or partnership, in which case identify each owner of more than three percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

| Name | Address | Percent of Ownership |
|------|---------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |

3. Business or Financial Relationships. Each person or entity indicated above in sections 1 and 2, with an ownership interest in the applicant or in the subject property are required to disclose **any** business or financial relationship, as defined by [Section 11-350 of the Zoning Ordinance](#), existing at the time of this application, or within the 12-month period prior to the submission of this application with any member of the Alexandria City Council, Planning Commission, Board of Zoning Appeals or either Boards of Architectural Review. **All fields must be filled out completely. Do not leave blank. (If there are no relationships please indicate each person or entity and "None" in the corresponding fields).**

For a list of current council, commission and board members, as well as the definition of business and financial relationship, [click here](#).

| Name of person or entity | Relationship as defined by Section 11-350 of the Zoning Ordinance | Member of the Approving Body (i.e. City Council, Planning Commission, etc.) |
|--------------------------|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

NOTE: Business or financial relationships of the type described in Sec. 11-350 that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings.

As the applicant or the applicant's authorized agent, I hereby attest to the best of my ability that the information provided above is true and correct.

Date

Printed Name

Signature

USE CHARACTERISTICS

4. The proposed special use permit request is for (*check one*):

- ☐ a new use requiring a special use permit,
☐ an expansion or change to an existing use without a special use permit,
☐ an expansion or change to an existing use with a special use permit,
☐ other. Please describe: _____

5. Please describe the capacity of the proposed use:

A. How many patrons, clients, pupils and other such users do you expect?
Specify time period (i.e., day, hour, or shift).

B. How many employees, staff and other personnel do you expect?
Specify time period (i.e., day, hour, or shift).

6. Please describe the proposed hours and days of operation of the proposed use:

Day:

Hours:

7. Please describe any potential noise emanating from the proposed use.

A. Describe the noise levels anticipated from all mechanical equipment and patrons.

B. How will the noise be controlled?

- 8.** Describe any potential odors emanating from the proposed use and plans to control them:

- 9.** Please provide information regarding trash and litter generated by the use.

- A. What type of trash and garbage will be generated by the use? (i.e. office paper, food wrappers)

- B. How much trash and garbage will be generated by the use? (i.e. # of bags or pounds per day or per week)

- C. How often will trash be collected?

- D. How will you prevent littering on the property, streets and nearby properties?

- 10.** Will any hazardous materials, as defined by the state or federal government, be handled, stored, or generated on the property?

☐ Yes. ☐ No.

If yes, provide the name, monthly quantity, and specific disposal method below:

- 11.** Will any organic compounds, for example paint, ink, lacquer thinner, or cleaning or degreasing solvent, be handled, stored, or generated on the property?

☐ Yes. ☐ No.

If yes, provide the name, monthly quantity, and specific disposal method below:

- 12.** What methods are proposed to ensure the safety of nearby residents, employees and patrons?

ALCOHOL SALES

13.

- A. Will the proposed use include the sale of beer, wine, or mixed drinks?

☐ Yes ☐ No

If yes, describe existing (if applicable) and proposed alcohol sales below, including if the ABC license will include on-premises and/or off-premises sales.

PARKING AND ACCESS REQUIREMENTS

14. A. How many parking spaces of each type are provided for the proposed use:

_____ Standard spaces
_____ Compact spaces
_____ Handicapped accessible spaces.
_____ Other.

| |
|---|
| <p>Planning and Zoning Staff Only</p> <p>Required number of spaces for use per Zoning Ordinance Section 8-200A _____</p> <p>Does the application meet the requirement? [] Yes [] No</p> |
|---|

- B. Where is required parking located? (*check one*)

[] on-site
[] off-site

If the required parking will be located off-site, where will it be located?

PLEASE NOTE: Pursuant to Section 8-200 (C) of the Zoning Ordinance, commercial and industrial uses may provide off-site parking within 500 feet of the proposed use, provided that the off-site parking is located on land zoned for commercial or industrial uses. All other uses must provide parking on-site, except that off-street parking may be provided within 300 feet of the use with a special use permit.

- C. If a reduction in the required parking is requested, pursuant to Section 8-100 (A) (4) or (5) of the Zoning Ordinance, complete the PARKING REDUCTION SUPPLEMENTAL APPLICATION.

[] Parking reduction requested; see attached supplemental form

15. Please provide information regarding loading and unloading facilities for the use:

- A. How many loading spaces are available for the use? _____

| |
|--|
| <p>Planning and Zoning Staff Only</p> <p>Required number of loading spaces for use per Zoning Ordinance Section 8-200 _____</p> <p>Does the application meet the requirement? [] Yes [] No</p> |
|--|

- B. Where are off-street loading facilities located? _____

- C. During what hours of the day do you expect loading/unloading operations to occur?

- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate?

- 16.** Is street access to the subject property adequate or are any street improvements, such as a new turning lane, necessary to minimize impacts on traffic flow?

SITE CHARACTERISTICS

- 17.** Will the proposed uses be located in an existing building? ☐ Yes ☐ No
- Do you propose to construct an addition to the building? ☐ Yes ☐ No
- How large will the addition be? _____ square feet.

- 18.** What will the total area occupied by the proposed use be?

_____ sq. ft. (existing) + _____ sq. ft. (addition if any) = _____ sq. ft. (total)

- 19.** The proposed use is located in: *(check one)*

- ☐ a stand alone building
- ☐ a house located in a residential zone
- ☐ a warehouse
- ☐ a shopping center. Please provide name of the center: _____
- ☐ an office building. Please provide name of the building: _____
- ☐ other. Please describe: _____

End of Application



Department of Planning & Zoning

Special Use Permit Application Checklist

Supplemental application for the following uses:

Automobile Oriented

Parking Reduction

Restaurant

Child Care

Signs

Substandard Lot

Lot modifications requested with SUP use

Interior Floor Plan

Include labels to indicate the use of the space (doors, windows, seats, tables, counters, equipment)

If Applicable

Plan for outdoor uses

Contextual site image

Show subject site, on-site parking area, surrounding buildings, cross streets